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NARKOMED 6000
TECHNICAL SERVICE BULLETIN # 6015

Product: Narkomed 6000

Date: April 22, 2002

Status: Mandatory Corrective Action

Re: BREASY - Secondary Vacuum Relief Valve Installation

Reference Doc: ECR # 02-0022

Reason/Rational: All BREASY's must be retrofitted with a Secondary Vacuum Relief Valve.

Solution/ Procedure: Refer to installation instructions provided in Field Service Procedure SP00235 - Installation of Divan Secondary Vacuum Relief Valve. The original SEM30416 BREASY GAS CHANNEL requires a Returned Materials Authorization, (RMA) and must be returned to Draeger Medical promptly upon completion of this modification. The installation of this valve must be documented on the attached Field Correction Report and faxed to 215-721-5784, or electronically scanned and emailed to horsfieldk@nad.com, or a copy mailed to Draeger Medical 3122 Commerce Drive Telford, PA 18969 Attn: Ken Horsfield

Devices affected: Narkomed 6000's S/N 10011 – 11087. A machine consignee listing will be provided to each Distributor Service Manager and DMI, Regional Service Manager.

Timing/When: Target is to update 150 units per month. Gas channel float inventory quantities are limited. Check valve kit availability prior to placing orders.

DrägerService
3122 Commerce Drive
Telford, PA 18969
Tel: (215) 721-5402
(800) 543-5047
Fax: (215) 721-5784
Web: www.draegermed.com
DrägerService is a division of
Draeger Medical

Costs: If you are the service provider of an affected machine the valve required to modify the product is available at no charge if this TSB and the Narkomed 6000 serial number are referenced at the time the order is being placed. The original Gas channel must be returned to Draeger Medical Inc. within 14 days.

Ordering Info/Parts: 4117600 – KIT RELIEF VALVE ASM VACUUM
RMA – (SEM30416 – SE MOUNT RELIEF VALVE)

Distribution: Draeger Medical Inc. USA – Service; Education, Customer Service, Affected DMI Distributors and Qualified Service Organizations.

If you have any questions, please contact Technical Support by phone at 1-800-543-5047, by fax at 1-215-721-5789 or by E-mail at techsupport@draegermed.com

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FIELD CORRECTION REPORT
NM6K DIVAN BREASY SECONDARY VACUUM RELIEF VALVE

After each modification is completed or confirmed as previously installed the account demographics and machine's serial number shall be entered on the report. A Technicians signature is also required on each report. Within 24 hours of completion of this report, it shall be faxed to 215-721-5784, or electronically scanned and emailed to horsfieldk@nad.com, or a copy of this report mailed to:

DrägerService
3122 Commerce Drive
Telford, PA 18969
Attention: Ken Horsfield

Hospital Name: _____

Street Address: _____

City & State: _____

Zip Code: _____

S/N: _____S/N: _____ SN: _____ S/N: _____

S/N: _____S/N: _____ SN: _____ S/N: _____

S/N: _____S/N: _____ SN: _____ S/N: _____

S/N: _____S/N: _____ SN: _____ S/N: _____

S/N: _____S/N: _____ SN: _____ S/N: _____

TECHNICAN: **I.D. #** **DATE:**

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